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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant(s):** Kazuhiko Arai, et al.**Examiner:** Gregory M. Desire**Serial No:** 10/650,590**Art Unit:** 2624**Filed:** August 28, 2003**Docket:** 16997**For:** CALIBRATION PATTERN UNIT**Dated:** April 9, 2007**Conf. No.:** 7431Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**RESPONSE**

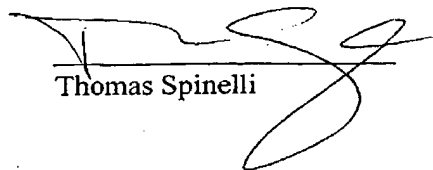
Sir:

In response to the Official Action dated January 9, 2007, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

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To: Examiner Gregory M. Desire
Art Unit: 2624

From: Thomas Spinelli, Esq.
Registration No.: 39,533

Fax: 571-273-8300

Pages: 10

Phone: 571-272-7449

Date: April 9, 2007

Re: USSN: 10/650,590
Our Docket: 16997

CC:

RESPONSE TO THREE-MONTH OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on April 9, 2007:

1. Response W/Transmittal in Duplicate
2. Certificate of Transmission Under 37 CFR 1.8

Applicants: Kazuhiko Arai, et al.
Serial No.: 10/650,590
For: CALIBRATION PATTERN UNIT
Filed: August 28, 2003
Docket: 16997
Dated: April 9, 2007
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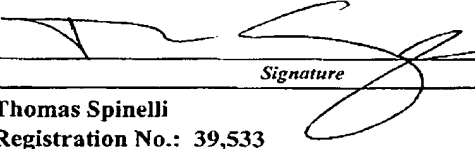
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 16997	
Applicant(s): Kazuhiko Arai, et al.						
Application No. 10/650,590	Filing Date August 28, 2003	Examiner Gregoty M. Desire	Customer No. 23389	Group Art Unit 2624	Confirmation No. 7431	
Invention: CALIBRATION PATTERN UNIT						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	3 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: April 9, 2007			
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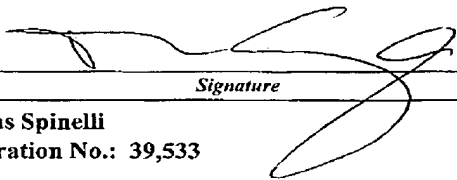
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00							
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